IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PERMIT # 234504

APPLICANT/OWNER: Andrew Scott

PIN # 4830943057

APPLICANT ADDRESS: 146 Ridgeview Rd. Statesville, NC

SITE ADDRESS: 767 Friendship Rd. Statesville, NC 28625

PHONE: 704-402-0390

ALT. PHONE 704-881-2232

SITE DIRECTIONS: Tomlin Mill → L on Jennings → R on Friendship → lot on L

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 11.285ac

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 480gpd L.T.A.R.: .25 (.25 repair)

Septic Tank	1000	(gal)	STB	760	Date	3-16-19
Pump Tank	—	(gal)	PT	—	Date	—
Pump Make		Model			Serial #	
# Nitrification Fields	1	# Lines	4 @ 120'		Linear Ft	480'
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~ AVG		36"	Gravel Depth	—

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

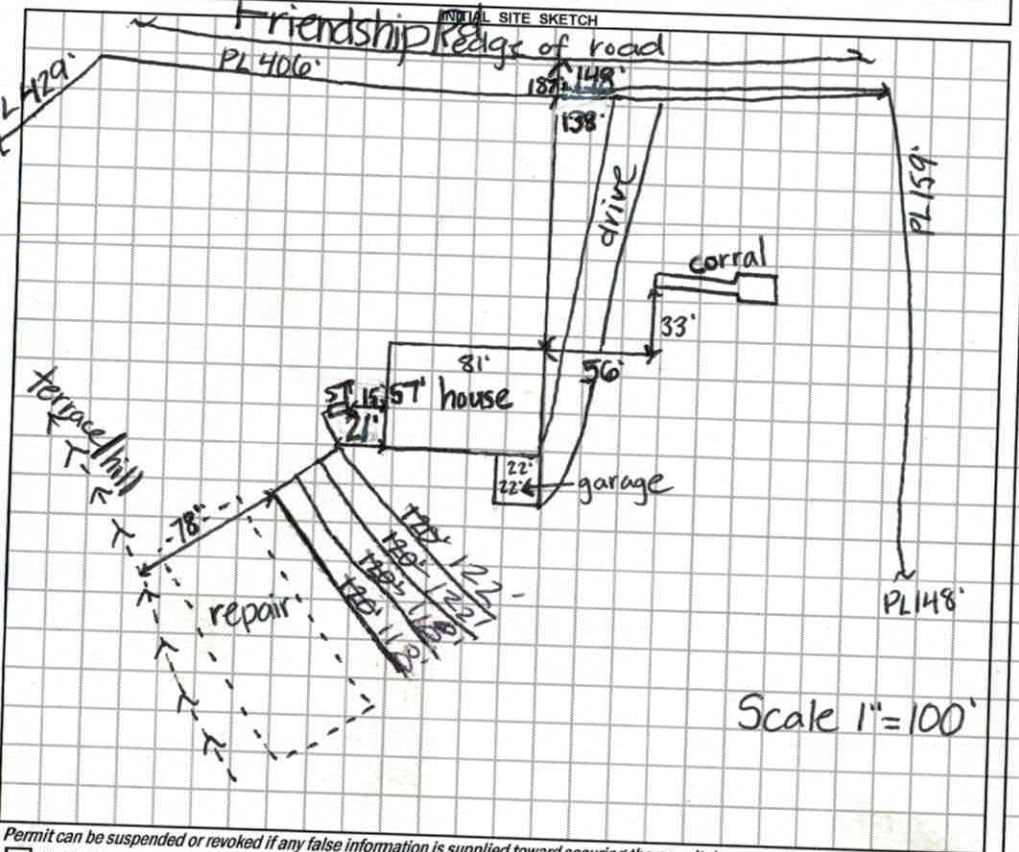
No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: * Install at 36" (highside) *
Install 25% reduction with serial distribution and drain lines on contour.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED
AS PERMITTED

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.*

☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*

☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Chelo Berge Date: 6-13-18

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-21-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 5-22-18

Installed by: GUNTER GRADING

OPERATION PERMIT by: Bryant C. White Date: 6-19-19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4830943057
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Andrew Scott
APPLICATION DATE: 3-26-18
ADDRESS: 767 Friendship Rd
DATE EVALUATED: 5-16-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 11.285 ac
LOCATION OF SITE: Tomlin Mill → L on Jennings → R on Friendship → lot on L
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-8	disturbed	—	8-27" com brown yellow mottles 19-20" chroma 2 2.5YG 6/2	27-51	27-51 few SAP inc.		PS .25
		8-27	SBK C	Fr,SS,SP,SE					
		27-51	WSBK CL	Fr,SS,SP,SE					
2	4%	0-10	disturbed/compacted		10-26" few yellow brown mottles	20-50	30-50" few SAP inc 36-42 few RC SAP inc		PS .25
		10-20	platy C	Fi,SS,SP					
		20-30	SBK C	Fi,SS,SP					
		30-50	WSBK CL	Fr,SS,SP,SE					
3	6%	0-9	disturbed/compacted		9-24" few-com yellow brown mottles	55	29-55 few-com SAP inc 36-42 few RC SAP inc		PS .25
		9-29	ABK C	Fr,SS,SP,SE					
		29-55	WSBK CL	Fr,SS,SP,SE					
4	5%	0-9	disturbed/compacted		9-29 few-com yellow brown 22-23" chroma 2 2.5YG 6/2	23-54	29-54" few SAP inc.		PS .25
		9-29	ABK C	Fi,SS,SP,SE					
		29-54	WSBK CL	Fr,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: James Boggs

road
PL
187'
138'
148'
197'
house
81'
57'
75'
22'
22'
56'
33'
Trim Thin
15'
21'
84'
120'
120'
120'
(1)
(2)
(3)
(4)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

2 34504

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Andrew & Glyn's Scott Address: 146 Ridgeview Rd Statesville NC Zip: 28625
Applicant Email: gldscott@hotmail.com Phone: 704-871-9367 Alt. Phone: 704-402-0390
Owner Name: Andrew & Glyn's Scott Address: 146 Ridgeview Rd Statesville NC Zip: 28625
Owner Email: gldscott@hotmail.com Phone: 704-871-9367 Alt. Phone: 704-402-0390

Property Information:

Street Address: 767 Friendship Rd Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: A & G Scott
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/26/18
DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may;
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Andrew & Chyris Scott, am the legal owner(s) of the property located at 767 Friendship Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4830943057.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sedgewick Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Andrew Scott — 3/26/18
Signature of Owner(s) — Date

Signature of Witness — 3/26/2018
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

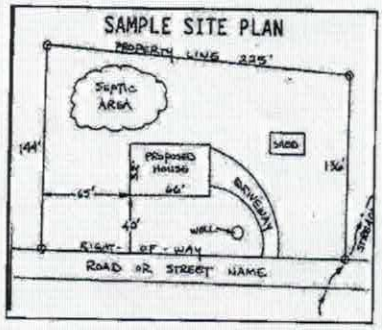
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location N/A County Water
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

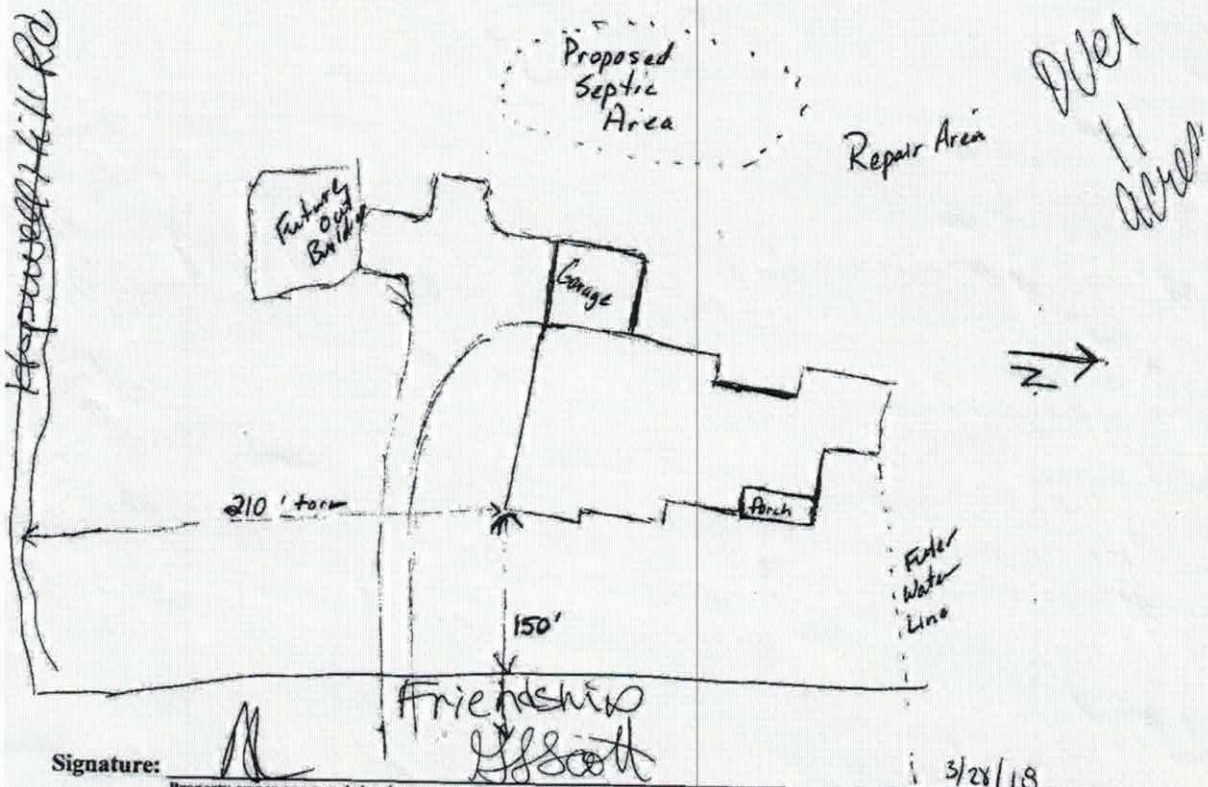


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/28/18

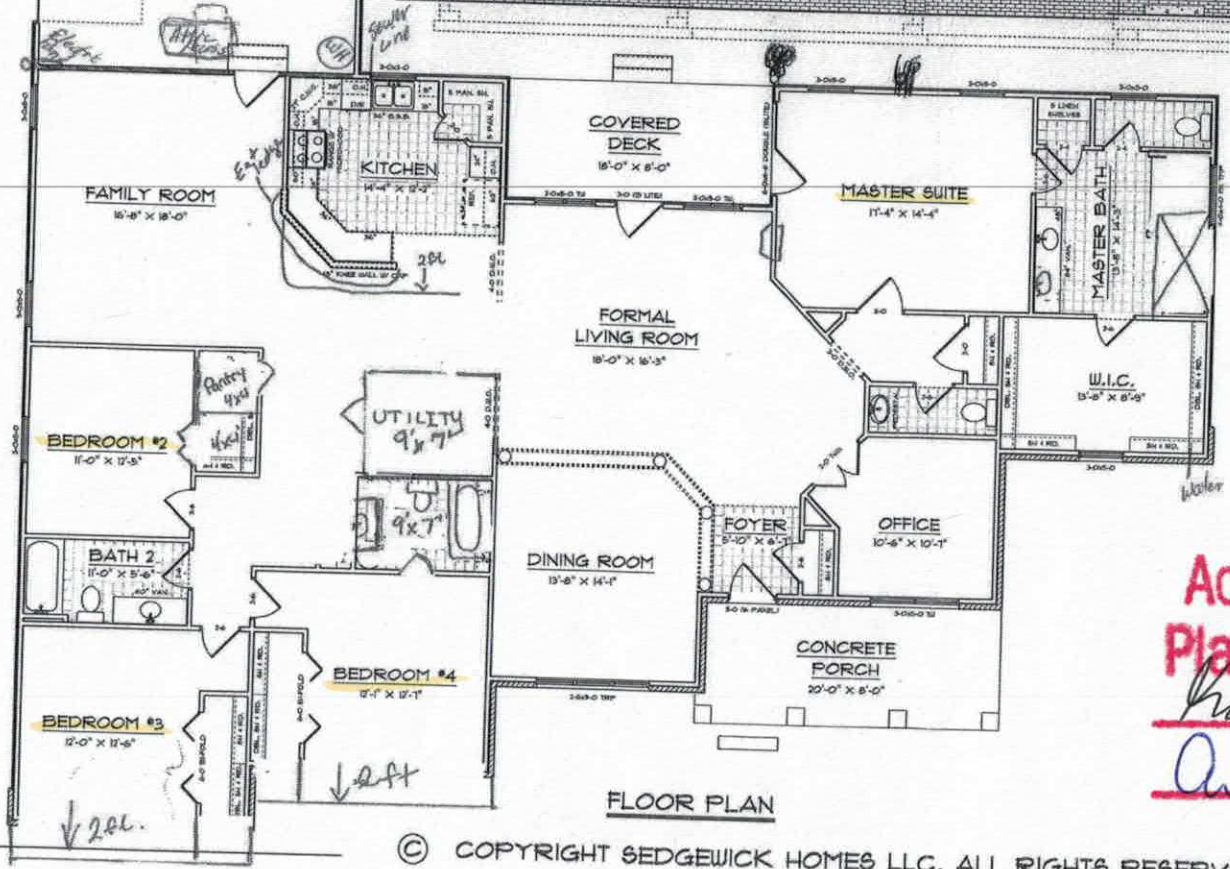
DATE

STANDARD PLANS

JOB 0318003



FRONT ELEVATION



FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 5-22-18

Date 6-13-18

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REVISED: 8.21.2018

CUSTOMER SIGNATURE

CUSTOMER SIGNATURE

CONTACT INFORMATION
PHONE: (877)358-8189
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY:

PLAN SETS

PRELIMS:	
??	?-?-??
FINALS:	
??	?-?-??
REVISED:	
??	?-?-??
??	
??	
??	

SQUARE FOOTAGES:

HEATED:	3006
GARAGE:	491
FRONT PORCH:	180
REAR PORCH:	144
TOTAL SQFT:	3801

SEDGEWICK HOMES PROUDLY PRESENTS THE:

WALNUT GROVE

MAPLE SERIES

JOB ADDRESS

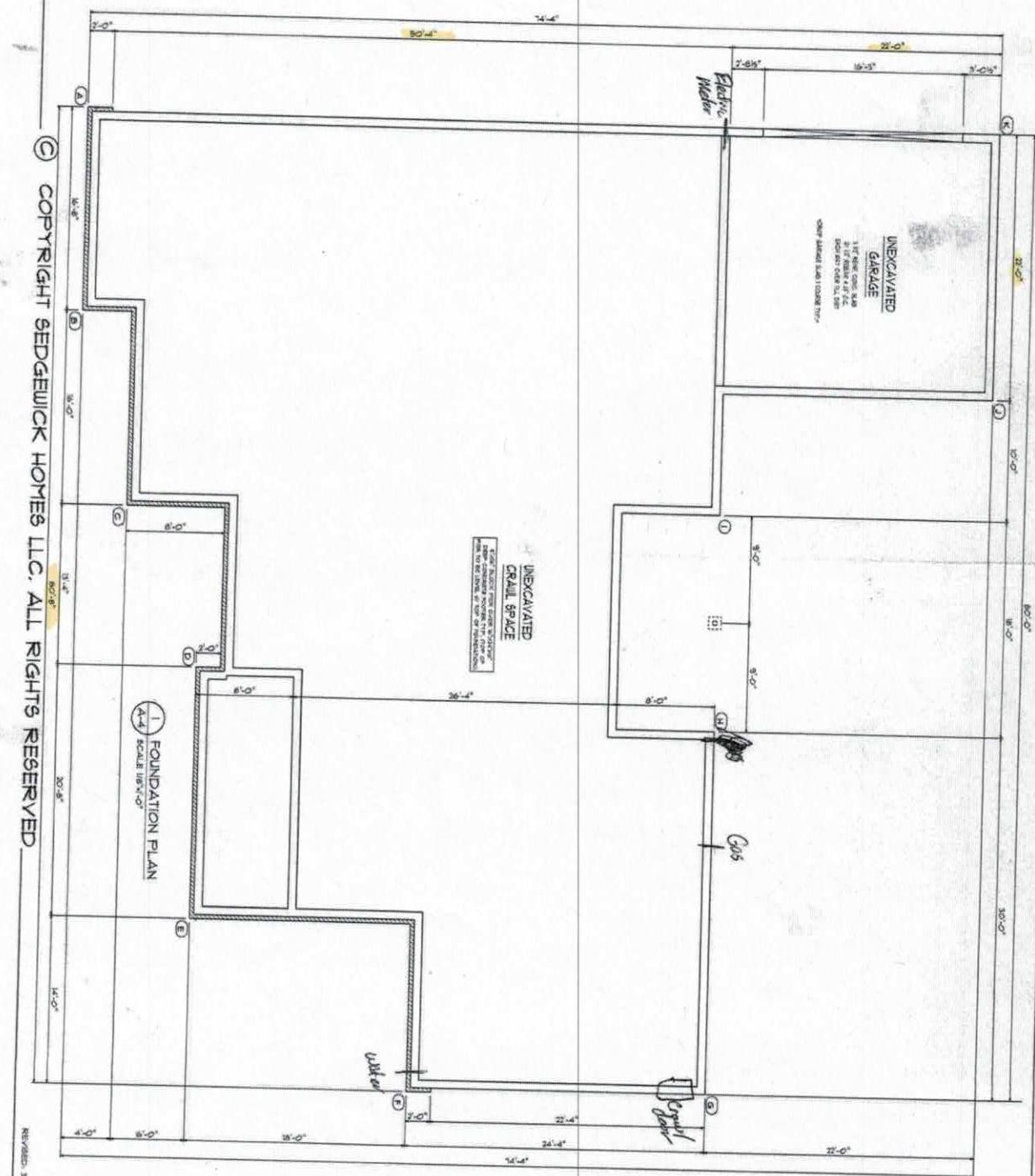
SHEET NUMBER

BR-1

Acknowledgement Of
Plans Submittal ONLY!
Ralph Watson Date 5-22-18
Arlo Bayle Date 6-13-18

BASE PLANS

DIAGONAL	DIMENSION
A TO G	98'-4 31/32"
A TO I	61'-0 11/16"
A TO J	111'-2 15/32"
B TO K	115'-9 17/32"
C TO K	116'-11 5/16"
D TO G	84'-0 7/16"
E TO H	44'-11 1/32"
E TO K	91'-11 1/32"
F TO H	39'-9 1/32"
F TO K	93'-3 3/8"



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REVISED: 3.14.2018

SHEET NUMBER A-4 OF FIVE

SEDGEWICK HOMES PROUDLY PRESENTS THE:

WALNUT GROVE
MAPLE SERIES
JOB ADDRESS

TOTAL SQFT	3961

SQUARE FOOTAGE	
HEATED:	3961
GARAGE:	484
FRONT PORCH	160
REAR PORCH	144

PLAN SETS	
??	?-?-??
SALES	
??	?-?-??
CONSTRUCTION	
??	?-?-??
REVISED:	
??	?-?-??
??	?-?-??
??	?-?-??

SALES
SOLD BY:
??

SEDGEWICK HOMES

CONTACT INFORMATION
PHONE: (877)359-9199
WEBSITE: SEDGEWICKHOMES.COM

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
234504
Issue Date: 03/29/2018

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4830943057.000	767 FRIENDSHIP ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SCOTT ANDREW L+GLYNIS L	Applicant: SCOTT ANDREW L+GLYNIS
Address: 146 RIDGEVIEW DR	Address: 146 RIDGEVIEW DR
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		

Remarks:

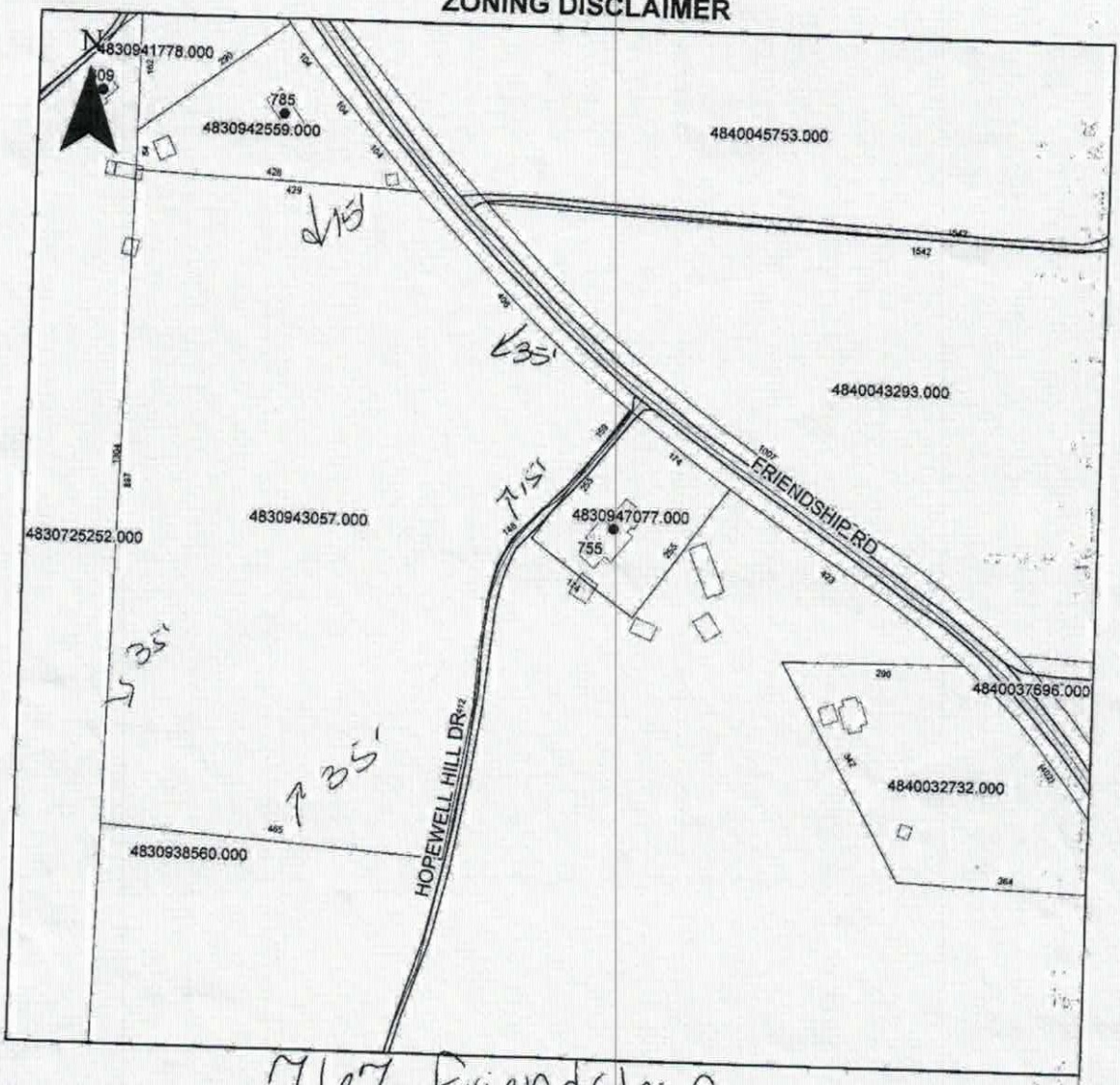
PAID ✓3287 mt 3/29

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	133890	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 767 Friendship

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

3/29/18
Date